

York County Department of Fire & Life Safety York County, Virginia CERT Registration Form



Applicant's Name) :			
	(Last)	(Fir	st) (MI	
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Address:				
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Home Phone:		E-Mail:		
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City/State				
Occupation:				
Emergency Conta	act:	Phone:		
	applicant have any specia should be aware of?	I conditions that the	Department of	
Check if you wou	ld like to have your name adde	ed to a waiting list if cour	se is filled.	
Send this form ar	nd the Memorandum of U	nderstanding to:		
Donna Briedé Department of Fi	•			
Post Office Box 5				
York County, Virg	Jinia 23690			

This course is open to all citizens of York County at least 18 years of age. Enrollment is on a first-come, first served basis until class is filled to capacity. Participant will not be allowed to graduate unless they have attended all required classes. If an applicant needs to withdraw from the course because of unforeseen circumstances all CERT supplies provided to the participant must be returned to York County.